



TRANS MED for Seniors

NEW RIDER INFORMATION FORM

I am interested in registering with TransMed for Seniors.
 Please add me to your mailing list and/or telephone database.
 I certify that my answers are complete to the best of my knowledge.
 I understand that there are certain eligibility requirements which must be met to qualify for free rides to medical appointments.
 I will attempt to make reservations at least one day in advance, and up to one week in advance.
 Same day reservations may be accommodated but cannot be guaranteed.
 I will call 858-449-5366 to cancel a ride 24 hours in advance if it is no longer required.

Signature: _____ Date: _____

RIDER INFORMATION:

FIRST NAME: _____ LAST NAME: _____ MI: _____

STREET ADDRESS: _____

CITY: _____

ZIP CODE: _____

Is this a private residence? _____ Residential Care Facility for the Elderly? _____

TELEPHONE NUMBER: _____ CELL: _____

CONTACT PERSON: _____ PHONE: _____

TELL US A LITTLE ABOUT YOURSELF:




DATE OF BIRTH: _____ AGE: _____ SEX: _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

INCOME ELIGIBILITY:

Eligibility for free transportation is determined by any one of the following criteria.
 Check one or more that apply to you.

Medi-Cal Recipient	
SSI Recipient	
Income for a single person: at or below \$1,396.00/month	
Income for a couple: at or below \$1,676.00/month	
Annual Income:	Number in Household:

TRANS  MED for SENIORS is operated by the Friends of Adult Day Health Care Centers with transportation provided by Poway Adult Day Health Care Center and funded by  Senior Mini Grant and .

MOBILITY ISSUES:

I have certain chronic health conditions that my driver needs to know about:
(check all that apply)

Heart Disease		Diabetes		Memory Loss	
Stroke (Paralysis)		Arthritis		Behavioral Health	
Respiratory or Breathing Problems		Broken Bones/Sprains		Vision loss	
Weight		Other:		Hearing Loss	

I sometimes behave in a way that makes it difficult for me to ride on a bus:				
Anxiety/Panic?		Standing up while vehicle is in motion?		
		Verbal Irritability?		
		Physical Irritability?		
		Other:		

I have a special language or communication need:		Primary Language:	
Other:			

MOBILITY AIDS:

I use certain mobility aids:

	YES	NO	SOMETIMES
Cane			
Walker			
Electric Scooter			
Wheelchair			

I can transfer from my wheelchair to a seat:			
I require the assistance of a caregiver or Certified Nursing Asst.:			
I require assistance getting from my door to the vehicle:			
I require assistance getting in and out of the vehicle:			
I use a Service Animal:			
I get lost easily/can't recognize where I am:			
I have other needs: (Please elaborate.)			

IN CASE OF EMERGENCY:

EMERGENCY CONTACT: _____ Age: _____

Phone: _____ Relationship to rider: _____

PHYSICIAN: _____ Phone: _____

Street Address: _____ ZIP _____

Office Use Only:	Age:	Income:	ZIP	Language:	Mobility:
Database:	FROM:	TO:	Companion:	#/Age	Notes: